

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
		Application Number	10/590,846-Conf. #4142
		Filing Date	August 25, 2006
		First Named Inventor	Masaharu UEDA
		Examiner Name	C. A. Fogarty
		Art Unit	1793
TOTAL AMOUNT OF PAYMENT	(\$ 130.00)	Attorney Docket No.	1551-0158PUS1

**METHOD OF PAYMENT (check all that apply)**

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolisch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
	52	26
Each independent claim over 3 (including Reissues)	220	110

Multiple dependent claims 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
10	- 20 or HP	x	=			

HP = highest number of total claims paid for, if greater than 20.

Index. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP	x	=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

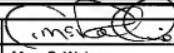
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

130.00

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000
Name (Print/Type)	Date OCT 23 2008				